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CONFIRMATION NO. 4071

|  |   |                               |   |  |
|--|---|-------------------------------|---|--|
| <b>SERIAL NUMBER</b><br>10/797,162   | <b>FILING OR 371(c) DATE</b><br>03/10/2004<br><b>RULE</b>   | <b>CLASS</b><br>360           | <b>GROUP ART UNIT</b><br>2627   | <b>ATTORNEY DOCKET NO.</b><br>S01.12-1010/STL<br>11723 |
| <b>APPLICANTS</b><br>John R. Pendray, Edina, MN;<br>Zine-Eddine Boutaghou, North Oaks, MN;   |   |                               |   |  |
| <b>** CONTINUING DATA *****</b><br>This application is a CIP of 10/140,801 05/07/2002 PAT 7,064,930 which claims benefit of 60/293,276 05/23/2001<br>✓   |   |                               |   |  |
| <b>** FOREIGN APPLICATIONS *****</b><br><i>None</i>  |   |                               |   |  |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 05/29/2004</b>   |   |                               |   |  |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>met<br>Verified and Acknowledged <i>[Signature]</i> Allowance<br>Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>MN | <b>SHEETS DRAWING</b><br>8  | <b>TOTAL CLAIMS</b><br>38                              |
|  |   |                               |   | <b>INDEPENDENT CLAIMS</b><br>3                         |
| <b>ADDRESS</b><br>27365  |   |                               |   |  |
| <b>TITLE</b><br>Responsive aeroelastic slider  |   |                               |   |  |
| <b>FILING FEE RECEIVED</b><br>1294   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |